No Fee sheet Liled

Application or Docket Number

258 1190.

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

10/769 557

CLAIMS AS FILED - PART I								SMALL ENTITY OTHER THAN				
7	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	(Column 1)		(Column 2)		1	TYPE		OR	SMALL ENTITY	
TOTAL CLAIMS .								RATE	FEE	1	RATE	FEE
FC	OR		NUMBER FILED		NUMBER EXTRA		ŀ	BASIC FEE	150.00	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			29 minus 20=		*	9		X\$ -25 =		OR	X\$50=	162
INE	DEPENDENT C	_AIMS	<i>6</i> mi	nus 3 =	•	3		X10013		OR	X300 6	258
Μl	JLTIPLE DEPEN	IDENT CLAIM P	RESENT					+180=		1	+360=	
* If the difference in column 1 is less than zero, enter *0					"0" in c	column 2	اا			OR		1 1 0 0
								TOTAL	<u> </u>	OR	TOTAL	1,190
	С	(Column 1)	O - PART II (Column 2) (Column 3)				SMALL ENTITY			OTHER THAN R SMALL ENTITY		
	CLAIMS		Ī	HIGH		1	1 r		ADDI-	ı ſ		ADDI-
AMENDMENT A	7/31/06	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL	·	RATE	TIONAL FEE
	Total	*	Minus	** 6	29	=		X\$ 25=		OR	X\$50=	0
ME	Independent	*	Minus	*** (<u> </u>	=		X100=		OR	X200=	0
FIRST PRESENTATION OF MI			JLTIPLE DEPENDENT CLAIN		CLAIM	<u> </u>	1	+180=		OR	+360=	0
								TOTAL			TOTAL	
		ADDIT. FEE OR ADDIT. FEE										
(Column 1) (Column 2) (Column 3)												
æ		CLAIMS REMAINING	HIGH NUM			PRESENT			ADDI-			ADDI-
Ż	_	AFTER AMENDMENT		PREVIC PAID I		EXTRA		RATE	TIONAL		RATE	TIONAL FEE
AMENDMENT	Total	AMENDMENT	Minus		-OR		1 }	¥2.05	. FEE_		V050	FEE
	Independent		Minus	**	•	= .	1	X\$ 25=		OR	X\$50=	
Ą	<u> </u>	NTATION OF MU	بـــــــــــــــــــــــــــــــــــــ	L <u></u> .	CLAIM	<u> </u>	1 [X100=		OR	X200=	
	TINOTTRECE	TATION OF MC	CE DE	CIVELIVI			, [+180=		OR	+360=	
							_	TOTAL DDIT. FEE		ÒR ,	TOTAL ADDIT, FEE	
	•				•							
		(Column 1) CLAIMS		(Colum	EST	(Column 3)	Ìг	· · · · · ·	400L	. 1		ADDI
AMENDMENT C		REMAINING . AFTER AMENDMENT	· .	NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 25=		OR	X\$50=	FEE
	Independent	*	Minus	***		=	 			On I		
	FIRST PRESENTATION OF MULTIPLE DEPEND			ENDENT	CLAIM	<u>' </u>	 	X100=		OR	X200=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+360=	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." TOTAL ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE												
		mber Previously Pa ber Previously Paid							ropriate box			